

Brazil has a problem: therapeutic itinerary, research and data about eating disorders



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José Ernesto dos Santos, Ph.D., started the first Brazilian eating disorder treatment center, Grupo de Assistência aos Transtornos Alimentares (GRATA) in 1986¹ and much progress has been made since then. At present, researchers around the world are discussing culture-oriented strategies to address better treatments and explore individuals' care processes and experiences in their respective countries.

However, few studies cover Brazilian prevalence rates. In 2016, Kolar et al.² reported rates ranging from 0.04% to 0.09% for anorexia nervosa, and from 0.13% to 0.27% for bulimia nervosa. In 2022, prevalence rates rose to 0.7% for bulimia nervosa, 1.4% for binge eating disorder, and 6.2% for recurrent binge eating.³ To illustrate, other prominent studies include a meta-analysis on disordered eating,⁴ a qualitative investigation on the limited knowledge among healthcare professionals,⁵ and a comparison of two socioeconomically distinct groups and their food choices,⁶ reflecting advances for Brazilian studies focused on eating behavior. On the other hand, the same level of research is not observed with eating disorder samples.

The Brazilian scenario

The relentless pursuit of an idealized thinness, perpetuated by media and dominant cultural norms, has distinct characteristics in Brazil. The country's prevalence of cosmetic procedures and plastic surgeries significantly shapes societal pressures and body image perceptions. Addressing these issues in the Brazilian context relies heavily on the availability and commitment of human resources, materials, and tools for screening and treatment. While many Brazilian studies focus on identifying symptoms using scales like the Eating Attitudes Test (EAT-26) or the Binge Eating Scale (BES), other countries have progressed further, delving into treatment methodologies. Assessing the accuracy

and psychometric properties of a scale developed abroad is fundamental for addressing the socio-cultural nuances of a country as vast as Brazil. Why are we lagging so far behind, then?

In Brazil's public health system, training healthcare teams in the diagnosis and management of eating disorders and disseminating assessment protocols could improve patient identification, screening, and integration into the system, thereby enhancing data reporting. While other countries have made more significant progress in studying severe eating disorders, Brazil has successfully conducted extensive research on other mental disorders, using advanced diagnostic technologies and randomized clinical trials, resulting in comprehensive guidelines. We hope that university-based initiatives, rather than private groups, will address this gap. Given the high standard and free access to graduate education in Brazil, it is of utmost importance that such knowledge be widely disseminated.

Primary research themes addressed by national studies cover a diverse range of topics, namely, socioeconomic profile among adolescents from higher socioeconomic classes,⁷ suggesting that the southeast was not absorbing the most vulnerable populations. Another study investigated the presence of psychiatric and physical comorbidities, showing a high prevalence of depression, anxiety, and attention deficit hyperactivity disorder (ADHD).⁸ Others have reported that eating disorders significantly affect individuals' quality of life, including physical, emotional, and social aspects.⁹ Finally, small initiatives in clinical trials have been described.¹⁰

Obstacles to be overcome

The lack of accurate information and limited clinical experience in psychiatry can exacerbate stigma and stereotypes. Similarly, nutrition and psychology undergraduate programs provide students who wish to pursue their careers in this area with limited formal instruction. Thus, the small amount of time, even at fundamental levels, allocated to educating future professionals to identify risky eating behaviors is troubling. Paucity of research is another reminder of a potential association with political, economic, and market protection issues. It is imperative to surmount these obstacles to develop efficient public health policies and culture-oriented

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strategies. The public sector has undergone significant changes towards professionalization, which has had a direct and an indirect impact on the overall structure of hospitals, where subcultures with distinctive power dynamics are observed, furthering challenges to the management process. Identifying underrepresented or neglected research areas can stimulate future studies and health policies to enhance the understanding and treatments in the Brazilian context.

It is fundamental to consider the country's cultural, racial, regional, and gender diversity, allocating resources tailored to Brazilian needs and reducing dependence on foreign models. Challenges include developing tools, guidelines, effective prevention and free treatment programs. Progress will depend on collaboration among researchers, healthcare professionals, and policymakers, with careful attention to conflicts of interest and knowledge commercialization.

Contributors

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Declaration of interests

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